



## **HIV Disease Monitoring, Prevention, and Care: Behavioral Interventions**

Currently, there are 16,000 HIV positive persons in Louisiana. Because of the intensive nature of the behavioral interventions targeting HIV positive persons, only a limited number of individuals have been reached. An increase in funding would allow us to reach a larger percentage of this population, which would result in more HIV positive persons reducing their risk of infecting other persons, and seeking medical care and reducing lifetime medical costs and infectivity. The result of reducing staff or funding for this activity would be reducing the number of HIV positive persons who will be reached with skill building and educational materials and supplies to reduce barriers to making health decisions and taking responsibility for their health resulting in increased incidence of HIV and increased medical costs. By increasing funding for behavioral interventions for HIV negative persons, or persons unaware of their HIV status, we would be able to reach more individuals with skill building and educational materials and supplies to reduce barriers to making healthy decisions and taking responsibility for their health resulting in decreased new HIV infections. A reduction in funding for behavioral interventions for HIV negative persons or those unaware of their HIV status would result in increased HIV incidence because individuals would not have access to skill building and educational materials and supplies to reduce barriers to making healthy decisions and taking responsibility for their health.

### **Objective**

1. Increase the percentage of persons surveyed who indicate the adoption of risk reduction behaviors.
2. A minimum of 75% of persons who receive a referral will be successfully connected to services.
3. Increase the percentage of HIV positive persons who adopt risk reduction behaviors.

### **Performance Indicators**

1. Percent of persons surveyed during outreach who indicate the adoption of risk reduction behaviors.

2. Percent of persons contacted through outreach who receive a referral and are successfully connected to follow-up prevention and care services
3. Percent of increase of HIV positive persons who participate in behavioral interventions who adopt risk reduction behaviors.

#### Narrative

Primary prevention is interventions that prevent the transmission or acquisition of HIV. Secondary prevention is preventing the infection of others. Over the course of the HIV epidemic, methods and target populations for reducing the spread of HIV have changed in response to the shifts in the epidemic. Prevention is not a stagnant activity and has and will continually change throughout the epidemic. Recently, several areas have received increased focus and will continue to play an important role including: 1) increased focus on prevention with HIV positive individuals to develop skills and decrease barriers to reduce the risk of HIV transmission, 2) focus on stigma and the impact it has on prevention efforts and those impacted by HIV, 3) shift from utilizing outreach as an intervention in and of itself, and instead, as a means to connect individuals to needed services, 4) increased focus on evidence-based interventions, 5) provide a continuum of prevention interventions and services rather than isolated programs, and 6) increased focus on addressing a range of issues that put individuals at risk of becoming HIV-infected or transmitting HIV, including violence, unemployment, and other social and health issues.

Behavioral interventions for HIV positive persons include 1) risk management, a client-centered behavioral intervention with the fundamental goal of promoting the adoption and maintenance of HIV risk reduction behaviors by clients with multiple, complex problems and risk reduction needs; 2) Project AYA and Project Alive, multiple small group sessions designed to empower HIV positive men and women to support behavior change through increasing HIV knowledge, enhancing self-esteem, and promoting healthy and informed decision-making. In addition, for targeted populations at highest risk, behavioral interventions include 1) small group sessions to build risk reduction skills, 2) educational materials and supplies to build knowledge and support behavior change, 3) one on one sessions to identify barriers to healthy decision making and referrals to services to address the identified barriers.

The most cost effective method of implementing effective behavioral interventions is to focus those interventions on the highest prevalence areas and highest risk populations. In Louisiana, HIV behavioral interventions are targeted to individuals who reside in neighborhoods that have the highest reported HIV prevalence in each of the nine public health regions.

#### **Better Health**

Behavioral interventions advance the State's outcome goal of health by encouraging individuals to adopt healthy behaviors, to access and participate in appropriate care, to make culturally appropriate health choices, and to take personal responsibility for their health. These interventions are offered through community- and faith-based, culturally competent providers with a wide geographic distribution to address disparity issues, both geographic- and

population-based. Programs are designed and implemented to focus on health issues in a holistic manner, in order to address multiple issues that prevent individuals from being able to make healthy decisions and take personal responsibility for their health. These programs are also adapted to ensure that health literacy issues are considered and to implement the most accessible programs possible.

The following priority target populations have been determined by the Centers for Disease Control and Prevention's (CDC) new initiative and by a statewide community-based planning process: 1) Persons Infected with HIV; 2) Men who have Sex with Men; 3) High Risk Heterosexuals; 4) Intravenous Drug Users; 5) Special Populations (homeless, migrant workers, people with Hepatitis C, youth, transgender, incarcerated/newly released); and 6) Mothers with or at Risk for HIV Infection.

RS 40:1018:2, RS 40:1300-13

93.940 HIV Prevention Activities-Health Department Based

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV, MMWR, July 18, 2003 / 52(RR12); 1-24

A number of studies have examined the cost-effectiveness of various behavioral interventions targeting HIV risk reduction. Merson examined 34 published studies and found that behavioral change interventions are effective when targeted to populations at high risk.

For Injection Drug Users, CTRS [\$5,000-10,000 per HIV infection averted (HIA)] and drug treatment (\$40,000 per HIA) were found to be effective. Kahn found that one intervention which is being implemented in Louisiana, Mpowerment, was estimated to avert 5-6 HIV infections over 5 years, with cost per HIA of \$14,600-18,300 or a net savings of \$700,000 to \$900,000 over 5 years from the societal perspective.

Researchers at the University of San Francisco found that with all other things being equal, interventions targeted to high-seroprevalence areas tend to be more cost effective than interventions that are not targeted.

Holtzgrave investigated lifetime costs of HIV care and lost quality-adjusted life years and found HIV prevention to be a relatively cost effective strategy when compared to other, non-HIV health-related programs.

Kahn found that 164 HIV infections can be averted in 5 years with \$1 million in annual prevention spending in targeting high-risk populations. Louisiana has one of the highest rates of AIDS in the country.

Louisiana has been very successful in implementing a number of behavioral interventions, including outreach and referral activities, which reached more than 28,000 individuals in 2008. In addition, 177 persons enrolled in risk reduction small group session interventions.